SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

RECEIVED

Page 1 of 17

2015 JUL -7 AM 8:35

DO NOT MARK ON THE SHARE ASSISTED LETTER BRISTOL, CT

COVER PAGE

1. NAME OF COMMITTEE	1811111111		49568		1612.2		
Calvin for	Council						
2. TREASURER NAME		111111	79 40 43		1111111	1115	
First PINA	MI	ſ	Last SAI	VATORE			Suffix
3. TREASURER ADDRESS							
Street Address 59 STrawber	rry Hill &	EUAD City_	Bristo	اد	State CT	Zip C	06010
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT	(Complete only i	f Candidate Com	mittee)		6. DIST	RICT NUMBER
(mm/dd/yyyy) 11/03/2015		ourcil				(if applicable	?)
7. CANDIDATE NAME (Complete only if C		S. 17 15 15 15 15	110111		1573151		
CAlvin	MI	A -	By0	wn			Suffix
8. TYPE OF REPORT (Check One Box)	业表现的更多。		81121				
O January 10 filing	7th day preceding	g primary	7th day	preceding referendum	Initial Con		r Disbursement
April 10 filing	30 days following	g primary	45 days	following referendum	Amendme		
July 10 filing	7th day preceding	g election	O Deficit		Type of Re		
October 10 filing	12th day precedir (State Central Commi		Termina	tion			
OPrimary OElection	O45 days following not held in Nover					144 j	·
9. PERIOD COVERED				2000 4 B 6 1 1 1			
·	Beginning Date			Ending Date	-	-	
	21/20/2	~1~	_	allowlie			;
_	04/21/20	015	thru	06/30/13			
10. CERTIFICATION			44555				
I hereby certify and state, under population of the per		e, accurate a	and complet		is Itemized Ca	mpaign F	inance
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)	-	T NAME OF SI			DATE	(mm/dd/yyyy)
A person who is				ed any provisions of the isonment or both	campaign fin	ance stati	ites

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	-0
CAlvih for Council	July 10 filit	COLUMN B
·	This Period	Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	0	
13. Contributions Received from Individuals (Sections A and B)	\$2,125.00	\$2,125,00
14. Receipts from Other Committees (Sections C1 and C2)		-
15. Other Monetary Receipts (Sections D through K)		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	-	<u> </u>
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	_	
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$2,125,00	\$2,125,00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$2,125,00	\$2,125.00
19. Expenses Paid by Committee (Section P)	†	†
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$1,839.08	\$ 1, 839.08
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$ 30.00	\$ 30,00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	to 672.12	₱ 672.12
23. In-Kind Contributions Received (Section M)	\$ 28,63	\$ 28.63
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance	<u> </u>	
25a. + Loans Received (Section D)	_	_
25b. + Interest and Penalties on Loan	_	
25c Payments on Loan	_	_
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
CAlvin for Council	\	July 10 7	filing
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$ 1,300.00	J
200			
B. Itemized Co	ntributions from Indivi	duals	
Brown	First		MI L.
Residential Street Address 62 School STVEET	City Hillsboro		State NH O3244
Principal Occupation	Name of Employer		
MANAger		Group Insi	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
event reported in Section L1? No If yes, indicate which bra		_ O'No	\$200,00
If yes, list Event # of government the contra	Date Received	Aggregate Contributions	-
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 05/14/15	720.00	
Dennett Dennett	First William		w W
Residential Street Address	City New Haven		State Zip Code
80 ANITA STYPET Principal Occupation	Name of Employer		CT 06511
· ·	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			
			\$75.00
Method of Contribution: OCash Personal Check Ocredit/Debit Card Payroll Deduction Money	Date Received	Aggregate Contributions \$75,00	-
Last Name O' Brien	First Dh AC		MI P
Residential Street Address	Thomas	1.	State Zip Code
272 Center StypeT	Bristol		CT 06010
Principal Occupation	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, list Event # If yes, indicate which bra of government the contra	state contractor or prospective state anch or branches ct is with: Executive	O Legislative NA	\$100,00
Method of Contribution: Cash Personal Check Ocredit/Debit Card OPayroll Deduction OMone	y Order Date Received	Aggregate Contributions	
SUB	TOTAL Section B — This	Page	\$315.00
TOTA	L of additional Section B P	ages	\$ 450.00
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Sections A 13, Column A of Summary Page		\$2,125,00

Section B ADDITIONAL PAGE _____ of ____

NAME OF COMMITTEE (Provide Complete Nam	e as Registered with Filing Repository)		TYPE OF REPORT	
CAlvin for Cour	rciL		July 10	Filip
A. Total Contributions from Sr (See instructions for definition of Small Contributions)		ed this Period ONLY SUBTOTAL SECTION A	\$ 1,300.00	0
	B. Itemized Con	ntributions from Indivi	duals	
Last Name Wright		First		M.E.
Wright Residential Street Address: 45 Primrose Lav	re	Bristol		State Zip Code CT 06010
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			4
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s	state contractor or prospective state or branches	te contractor? Yes No Legislative	\$100,00
Method of Contribution: ☐ Cash Personal Check ☐ Credit/Debit Ca	<u>1</u>	Date Received	Aggregate Contributions	
Last Name WrighT		First CHristophe	· · · · · · · · · · · · · · · · · · ·	MI A
Residential Street Address 35 Ruth STIVET	, unit 49	Bristol	,	State Zip Code CT 26010
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?	o a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a solution of government the contract		te contractor? Yes	\$100,00
Method of Contribution: ☐ Cash Personal Check ☐ Credit/Debit Ca		Date Received	Aggregate Contributions	
Last Name MicHAlik		First Robert		M
Residential Street Address 2 Majdyn Lane		PlAINUILE		State Zip Code CT OGOG 2
Principal Occupation		Name of Employer	1	. 3550 0
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #			te contractor? Yes No Legislative N/A	\$75.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard □ Payroll Deduction □ Money	Date Received	Aggregate Contributions	
	SUBT	OTAL Section B — This	Page	\$215,00
	TOTAL	, of additional Section B I	Pages	\$ 550.00
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 1	I INDIVIDUALS (Sections A 13, Column A of Summary Page		\$4,125,00

SEEC FORM 20 Revised January 2015

Section B ADDITIONAL PAGE 2 of 2

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	y)	TYPE OF REPORT	
CALUIN FOR COUNCIL		July 10 f	iving
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	eived this Period ONLY SUBTOTAL SECTION A	\$ 1,300,00	J
	Contributions from Indivi	duals	
Last Name MAYTEL	FIRST		$\stackrel{\scriptscriptstyle{MI}}{\mathcal{B}}$.
Residential Street Address 214 Ellipois Avynye	City Bristol	1	State Zip Code CT 06010
Principal Occupation	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business het valued at more than \$5,000?	400 to a candidate for a chief executive (she is associated with have a contract	e officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of If yes, indicate which of government the core			\$15,00
Method of Contribution: ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	oney Order Date Received	Aggregate Contributions	
Last Name GANACHE	First Timothy		J.
Residential Street Address OP CYPVESS STIGHT	Bristol	· ·	State Zip Code CT C60 16
Principal Occupation	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/ valued at more than \$5,000?	100 to a candidate for a chief executive she is associated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which of government the contributor is principal of government.		te contractor? Yes	\$100,00
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mo	Date Received	Aggregate Contributions	
Last Name	First		MI
Residential Street Address	City	S	State Zip Code
Principal Occupation	, Name of Employer		
	100 to a candidate for a chief executive she is associated with have a contract		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # No		e contractor?	t
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	Date Received	Aggregate Contributions	
	BTOTAL Section B — This	Page	\$175.00
	AL of additional Section B P		
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on Li	OM INDIVIDUALS (Sections A ne 13, Column A of Summary Page 2		\$650.00

N	A
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NAME OF COM	IMITTEE (Provide Comp VIN FOY (olete Name as Registered w	vith Filing Reposi	itory)			TUY 10	- 11 1	nd	Viet i e i in e i i i i
		COST CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE COST	Contributio	ons from C	other Comm	2.0.00000000000000000000000000000000000			7	25,57
Name of Committee					Name of Treasu	urer			-	
Address		·		Is this cont event repor	ribution associate	ed with an (?)	_	An	nount (of Contribution
City		State	Zip Code	Date Rec			Contributions			
					•					
Name of Committee					Name of Treasu	urer				
Address				Is this contrevent repor	ribution associate	ed with an (?) st Event #		An	nount o	of Contribution
City		State	Zip Code	Date Rec			Contributions			
Name of Committee					Name of Treasu	ırer				
Address	·			Is this cont	ribution associate	d with an	Yes No	An	ount c	of Contribution
				event repor	ted in Section L1 ^e If yes, lis	st Event # _		_		
City		State	Zip Code	Date Rec	eived	Aggregate	Contributions			
	C2.	Reimbursement	ts or Surp	 lus Distrib	utions from	other C	ommittees		# 1 T	
Name of Committee					Name of Treasu	urer				
Address				City				S	State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type Reimbursem	ent for shared	expense O	Surplus Distributi	ion		/	 \moun	t of Receipt
Description										
Name of Committee				·	Name of Treasu	ırer				
rume of Committee					Traine of Trease					
Address				City				S	State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type					-			t of Receipt
		○ Reimburse	ement for share	d expense	Surplus Distrib	ution				
Description										
			SUBTO)TAL Secti	on C — This	Page				NA
			TOTAL	of addition	al Section C I	Pages				NA
	A STATE OF THE PARTY OF THE PAR	OF ALL COMMIT ons C1 + C2) (Enter t				200 CO				N/A

NA

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NAME OF COMMITTEE (Provide Complete Name as Registered will CAIVIN FOX COUNCIL	th Filing Reposite	ory)			TYPE O	FREPORT	- A
CHIVIN TOY COUNCIL	D Loans	Decejv	ed this Perio	<u> </u> ភ	7~	<u>4 10 1 1 1 1 1 1 1 1 1 </u>	γψ (j
Name of Lender	D. Evans	Neces	Source of Loan: Bank C		Individu	al Other	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City				State	Zip Code	
Name of Lender			Source of Loan: Bank C	Candidate 🔘	Individu	al Other Committee	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City				State	Zip Code	
Name of Lender	L		Source of Loan: OBank OC	andidate 🔘	Individu	al Other Committee	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City	· · · · · · · · · · · · · · · · · · ·	·		State	Zip Code	
			TOTAL SEC	TION D	5		NA
E. Receipts from Entities other t	han Indivi	duals o	or Other Cor	mmittees	(Refere	ndum Committe	es ONLY)
Name of Entity					,		
Street Address				Date R	eceived		Amount Received
City		State	Zip Code	Aggreg	gate Contri	butions	. •
Name of Entity				<u> </u>			
Street Address				Date Re	eceived		Amount Received
City		State	Zip Code	Aggreg	gate Contri	butions	
Name of Entity	<u> </u>						
Street Address				Date Re	eceived		Amount Received
City		State	Zip Code	Aggreg	gate Contri	butions	
			TOTAL SEC	TION E			N/A

NA
• • • • • • • • • • • • • • • • • • • •

Page 6 of 17

	(Provide Complete Name as Registere	d with Filing Repository)		OF REPORT
<u> </u>			8 S.	tuly 10 filing
Date of Receipt	Amount Transferred fr	_		
Date of Receipt	Is this transaction associate event reported in Section I		list Event #	Amount
Date of Receipt	Is this transaction associate event reported in Section L	105 1/ 405,	list Event #	Amount
Date of Receipt	Is this transaction associate event reported in Section L		list Event #	Amount
Date of Receipt	Is this transaction associate event reported in Section L	2 1 cb 2 1 y cb,	list Event #	Amount
		1	TOTAL SECTION F	NA
G. Amount Tra	ansferred from Affiliate	d Labor Union or Oth	er Organization Treasu	ry (Organization Committees ONLY)
Date of Receipt	Di	ate of Receipt	Date of Ro	eceipt
Ar	nount	Amount		Amount
		T	OTAL SECTION G	NA
				N/p
	H. Personal Funds of th	e Candidate Received	this Period (Candidate Co	mmittees ONLY)
ate of Receipt	Method of payment:			Amount
	O Cash	Personal Check	Credit/Debit Card	
ate of Receipt	Method of payment: Cash	Personal Check	Credit/Debit Card	Amount
ate of Receipt	Method of payment:			Amount
	○ Cash	Personal Check	Credit/Debit Card	
ate of Receipt	Method of payment:		,	Amount
	O Cash	Personal Check	Credit/Debit Card	
			TOTAL SECTION H	NA
		I. Anonymous Con	tributions	
	Per Public Act 11-48, A			

immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repository)	TYPE OF R		161
	om Deposits in Authorized Accoun		y 10 411	
Name of Institution	om Deposits in Mathematica Mecoal	Date Received	1	Amount
Webster Bank, N.A. Street Address 575 FArmington Alynne				Λ
Street Address 575 FArmington Alynue	B(15TO)	State Z	ip Code 06010	0
Name of Institution	Diraya	Date Received		Amount
Street Address	City	State Z	ip Code	
	TOTAL SECTIO	NJ		Ö
K Miscellaneous Mo	netary Receipts not Considered Co	55.55	nc	· Nh
Name	newity receiped not constacted co	AL DE LE CO.	Transaction	Amount Received
Street Address	Les	State	Zip Code	
Succi Address	City	State	Zip Code	
Description				
Name		Date of	Transaction	Amount Received
Street Address	City	State	Zip Code	-
Description				
Name		Date of	Transaction	Amount Received
Street Address	City	State	Zip Code	-
Description				_
Name		Date of	Transaction	Amount Received
Street Address	City	State	Zip Code	-
Description		<u> </u>		_
	TOTAL SECTION K			
SUMMARY OF OTHER	MONETARY RECEIPTS (Section	ıs D throi	igh K)	
Total Loans Received this Period (Section D)				
Total Receipts from Entities other than Individuals or Oth	ner Committees (Section E)	+	_	_
Total Amount Transferred from Affiliated Business Treas	sury (Section F)	+	_	-
Total Amount Transferred from Affiliated Labor Union o	r Other Organization Treasury (Section G) +	_	•
Total Amount of Personal Funds of the Candidate Receive	ed this Period (Section H)	+	0	
Total Amount of Interest from Deposits in Authorized Ac	counts (Section J)	+	0	
Total Miscellaneous Monetary Receipts not Considered C	ontributions (Section K)	+		
(Add Sections D through	Total of Other Monetary K) (Enter total on Line 15, Column A of Summary		0	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	entr pro Proposition
Chluin	for Council		1 July 10	Filing
F4 H		t Information		U
Event # Date of Event Letter 062715 A	COCKTAIL PAVTY			Was this a fundraising even
Location: Street Address		City		State Zip Code
	brooke street	Bristal		CT 06010
Subpart 1: (All Committee Was this event hosted at a			~ X X X X X X X X X X X X X X X X X X X	
was this event hosted at	a personal residence?		ouse Party and completest(s) for food, beverage a	e required information for an
		O No		
	le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (<i>If yes</i> , go to Section I and complete required		not Considered Contributions
W. 1: 0 1 1		O No		
was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of donated items	OYes (If yes, enter Total Rec	ceipts here.)	C C
•		Ø No		\$
Subpart 2: (Party Comm	nittees, Municipal Candidates and Political Comr advertising space in a program book or on a	nittees other than Exploratory	Committees)	tatan Garas ta a Para a a a para
sign associated with this		OYes (If yes, go to Section L or on a Sign and com	plete required informa	
		No		,
Subpart 3: (Town Comm	nittees ONLY) food or beverage at a fair or similar mass	Yes (If yes, enter Total Re-	nainte hara \	:
	state with this fundraiser?			\$
		ONo		
Event # Date of Event Letter	Description	•		Was this a fundraising even
				OYes ONo
Location: Street Address		City	-	State Zip Code
•				
Subpart 1: (All Committ	ees)			
Was this event hosted at a	a personal residence?	Yes (If yes, go to Section L		ot Considered Contributions required information for any
		purchases made by hos	st(s) for food, beverage a	
Didi C 1 : 1 1		O No		
of up to \$200 or items do	le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (<i>If yes</i> , go to Section I and complete required		ot Considered Contributions
•		O No		- -
Was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of donated items	Yes (If yes, enter Total Rec	ceipts here.)	
with purchases from an in		O No		\$
Subpart 2: (Party Comm	ittees, Municipal Candidates and Political Comn	nittees other than Exploratory	Committees)	
were there purchases of a sign associated with this	advertising space in a program book or on a fundraiser?	Yes (If yes, go to Section L	.3 Purchases of Adverti plete required informa	
		O No	proto i equil ed ilitorina	·
Subpart 3: (Town Comn				· ·
	ood or beverage at a fair or similar mass state with this fundraiser?	Yes (If yes, enter Total Rec	eipts here.)	\$
		ON ₀	•	
SUBTOTAL Sectio	n L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page	_
		ion L1—Subpart 3 <i>(Town Commi</i> ipts from Food Purchases —		NA
		TOTAL of additional Section	n L1 Pages	_
		IPTS FROM SMALL PUI Line 16a, Column A of Summary		0

NA

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Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COLOR								
	(Provide Complete Name as Regist	ered with Filing Reposit	lory)	5.5.5.5.5.5.5.4	TYPE OF REPO		1111	3333
COLUIN 4	or council				Yuly	10	41 ling	
300016682	L3. Purchas	es of Advertisi	ng in a Progi	ram Book or o	on a Sign 📒		V	Harris
Name of Purchaser						Purchas	se Made By:	
						OBu	siness Entity	Other
	•					I I		Proprietorship
Street Address			City				State	Zip Code
								1
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Pro	ogram Ad Purcha	ise	Amount of S	Sign Purchase
•				′				
Name of Purchaser						Purchas	se Made By:	
						OBu	siness Entity	Other
						O Ind	lividual/Sole I	Proprietorship
Street Address			City				State	Zip Code
							ŀ	
		· · · · · · · · · · · · · · · · · · ·	<u> </u>				<u> </u>	
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Pro	gram Ad Purcha	se /	Amount of Si	ign Purchase
Name of Purchaser								
ivalle of Fulchaser					·		se Made By:	<u> </u>
						Ξ	siness Entity	Other
						OInd	ividual/Sole I	Proprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pur	aguam Ad Duugha		A 6 G	<u> </u>
	Dione "	Aggregate i tirchases	o loi Ali Evella	Amount of Fre	gram Ad Purcha	se A	Amount of Si	ign Purchase
Name of Purchaser						Purchas	e Made By:	
							siness Entity	Other
								Proprietorship
Street Address			City			O ma	State	Zip Code
			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se /	Amount of Si	ign Purchase
Name of Purchaser				:		Purchase	e Made By:	
						O Bus	siness Entity	Other
						OInd	ividual/Sole P	Proprietorship
Street Address			City		L		State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se A	Amount of Si	gn Purchase
	TO ACT THE SECOND CONTRACT OF THE SECOND CONT	Two trade banding appropriate the expension	47-a					
	SUBTOTAL Section L3 T	Total Purchases of	Advertising in	Program Book –	– This Page			
								NA
	SUBTOTAL Seco	tion L3 Total Purc	hases of Advert	tising on a Sign –	– This Page			111
			1983653	9	0			NA
374555			TOTAL of	additional Section	on L3 Pages			MI.
			5112554					NA
TOTA	L OF ALL PURCHASES (الماله
		(Enter total on	Line 16c, Colum	n A of Summary I	Page Totals)			17/7)

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTE	E (Provide Complete Name as Registe	red with Filing Repository)			TYPE OF REPORT		
CAlvih	for council				July 10	filing	
	L4, In-K	Kind Donations N	ot Conside	red Contribut	ions		
Name of Donor DUN Phys	Delights						
Street Address	Delights afford Aveny	e	City	istol		State	Zip Code
Donation Given By: Business Entity Individual	Description of Donation CAKE Date Received	Event #		Aggregate Value for		Fair Market Val	ue of Donation
Sole Proprietorship	06/27/15	062715	; A	\$602.1	2		
Name of Donor							
Street Address			City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code
Donation Given By: Business Entity	Description of Donation		<u> </u>	·		Fair Market Val	l ue of Donation
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for	this Event		
Name of Donor				<u> </u>	:		
Street Address			City			State	Zip Code
Donation Given By: Business Entity	Description of Donation					Fair Market Val	ue of Donation
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for t	his Event		
Name of Donor		,					
Charles Add					····	·	
Street Address			City			State	Zip Code
Donation Given By: Business Entity	Description of Donation					Fair Market Valu	ne of Donation
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate value for the	nis Event		
		SUBTO	TAL Section	L4— This Page		\$30	,00
		TOTAL	of additional	Section L4 Pages			0
TOTA	AL OF ALL IN-KIND DONA (Enter	ATIONS NOT CONS total on Line 21, Colu				†30	100

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Pro	vide Complete Name as Registered with Filing Repos	itory)		TYPE OF REPORT	, ,	
CAIUIN for	Council			July 10	fi	ling
	n-Kind Donations Not Consider	ed Contributions Associa	ted with a I	House Party	3.33	J
John Ferr	Aro		committee?	supporting more the Yes No omplete Itemization is		•
Street Address 124 5Hev	-brooke STHET	City Bristol		State	T	Zip Code
Description of Donation FOOD, Be	Jerages, Desserts, D	ecor, tundraiser	Tickets	Fair Market V		f Donation
062715 A	Aggregate Value of this Event—all hosts \$\D\J\.\ \J\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Aggregate Value of all Events—this ha	ost/candidate	7 17 116	<i></i>	
Name of Host JOANNE F	eriaro		committee?	supporting more th Yes No mplete Itemization i		
Street Address 124 SHe	rbrooke street	BrisTol		State	ナ	Zip Code <i>O6010</i>
Pood, Bew	evages, Desserts, De			Fair Market V		f Donation
Event # CO2715 A	Aggregate Value of this Event—all hosts \$ 672.12	Aggregate Value of all Events—this had	st/candidate ·	4177	<i>6</i> 0	·
Name of Host Evic Wr	JAT		committee?	supporting more the Yes No mplete Itemization in	٠	
Street Address H8 San MA	STIPET	City BYISTOI		State	Г	Zip Code 06010
Description of Donation Be Verages) Dessert			Fair Market Va		Donation
Event# 06 2715 A	Aggregate Value of this Event—all hosts \$\frac{4072.12}{}	Aggregate Value of all Events—this ho	st/candidate	\$60.	00	
Debra A.	Schur		committee?	upporting more that Yes No mplete Itemization in		
Street Address Pilgim	Zapo	Blistol		State	T	06010
Description of Donation FOO d				Fair Market Va		Donation
Event # 062715 A	Aggregate Value of this Event—all hosts すんりよいな	Aggregate Value of all Events—this ho.	st/candidate	\$60.	00	
	S	SUBTOTAL Section L5 — T	This Page	\$419	20)
		OTAL of additional Section		\$192	.92	
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Li.	CONSIDERED CONTRIE ne 22, Column A of Summary F	CHARLES AND AND COME	\$ 672	.12	

Section L5. ADDITIONAL PAGE _____ of ______

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Calvin for council	July 10 filing
L5. In-Kind Donations Not Considered Contributions Associated with	a House Party
SUSAN T. Derayd committee	vent supporting more than one candidate or ee? Yes No es, complete Itemization in Addendum L5
Street Address City	State Zip Code
1 FAIL MOUNTAIN TEVIACE Tevry ville	CT 06786
Pruit Platter, Food	Fair Market Value of Donation
Event # Aggregate Value of this Event—all hosts Aggregate Value of all Events—this host/candidate \$\Phi(12.12)\$ Aggregate Value of all Events—this host/candidate	740,00
Name of Host San Name of STafford Is this every committee	rent supporting more than one candidate or ce? Yes No
Street Address City	State Zip Code
441 Clark Avenue Bristol	CT 06010
Food and DesserT	Fair Market Value of Donation
Event # Aggregate Value of this Event—all hosts Aggregate Value of all Events—this host/candidate \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	\$50,00
	ent supporting more than one candidate or
committee	ee? Yes No s, complete Itemization in Addendum L5
Street Address 163 Goodwin STVEET Bristol	State Zip Code CF C6010
Description of Donation FOO d	Fair Market Value of Donation
Event # Aggregate Value of this Event—all hosts Aggregate Value of all Events—this host/candidate \$\Delta \frac{1}{2} \cdot \frac{1}{2}	\$50,00
Committee	ent supporting more than one candidate or ee? Yes No s, complete Itemization in Addendum L5
Street Address City	State Zip Code
424 LAKE AUNGE Bristol	CT 06010
Description of Donation Dessert and Dip	Fair Market Value of Donation
Event # Aggregate Value of this Event—all hosts Aggregate Value of all Events—this host/candidate \$ 10.00	\$10.00
SUBTOTAL Section L5 — This Page	\$150.00

Section L5. ADDITIONAL PAGE 2 of 2

	vide Complete Name as Registered with Filing Repos	itory)		TYPE OF REPORT
CALUIN FOR	July 10 filing			
	n-Kind Donations Not Consider	ed Contributions Associa	ted with a I	House Party /
Name of Host	2 1:		Is this event	supporting more than one candidate or Yes X No
JOANNA (Grabowski -			emplete Itemization in Addendum L5
Street Address	THE ARTHUR AND ARTHUR AND ARTHUR AND ARTHUR	City	<u> </u>	State Zip Code
	ood Road	Bristol	ì	CT 06010
Description of Donation FCE				Fair Market Value of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate	\$13.93
062715 A	\$612.1a	\$ 13.43		·
Pina SAN	JATORE		committee?	supporting more than one candidate or ☐ Yes X No mplete Itemization in Addendum L5
Street Address 59 STIAWN	erry Hill ROAD	City BUSTO		State Zip Code CT 060.1 &
Description of Donation				Fair Market Value of Donation
Food and	Dessiert			\$28,99
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this he	ost/candidate	•, .
062715 A	7672.12	\$ 28,99		
Name of Host			committee?	supporting more than one candidate or Yes No mplete Itemization in Addendum L5
Street Address		City	19 963,00	State Zip Code
Description of Donation				Fair Market Value of Donation
Event #	I	T	7. 7. 1	
Even #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this he	osv canaiaaie	
Name of Host			Is this event s	supporting more than one candidate or
			1	☐ Yes ☐ No mplete Itemization in Addendum L5
Street Address		City	19 963, 00	State Zip Code
Description of Donation				Fair Market Value of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this ho	ost/candidate	
	The second secon			
		SUBTOTAL Section L5 —	This Page	\$42.92

NAME OF COMMITTEE (Provide Complete N	Name as Register	red with F	iling Repositor	v)		TYPE OF REPO	•	0.15	
CAIVIN for	<u>Cour</u>		N/F Y Y2	. 10		July	<i>1</i> 0 y	Filip	
Name			M. In-K	ind Con	tributions			V	
Pina SALUATORE						•			
Street Address 59 STVAWBENIY H	in ROA	—— 入			Bristol			State	Zip Code O(O10
	Date Received		Aggregate Con	tributions	Description of In-Kind	Contribution			10000
Individual / Sole Proprietorship Oother	05/02	1/15	\$28,6	3	MThank you	e" CArd	S ,		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution does contributed at mo	on is in e utor or bu ore than \$	xcess of \$400 usiness he/she 55,000?	to a candida is associate	ate for a chief executive of the distribution	officer of a municip ith said municipalit	ality, YMA		Aarket Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Ø No.	If yes, in	or a principal ndicate which nment the cor	branch or	ntractor or prospective st branches :: Executive	ate contractor?	No No	\$16	0,93
Name Pina Saluatore									
Street Address 59 STV AWBEVY	#in 7	ROA	ð	(BUISTOL			State	Zip Code 06010
<u> </u>	Date Received		Aggregate Con	tributions	Description of In-Kind	Contribution	<u> </u>		
Individual / Sole Proprietorship Oother	05/30/1		72816		Print F				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		outor or b	ousiness he/sh		late for a chief executive ed with have a contract w Yes No			of this	Market Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Ø No	If yes, in	or a principal adicate which ament the con	branch or b		ate contractor? Legislative ///	OYes No	\$11.	70
Name									
Street Address					City			State	Zip Code
Type of contributor: Committee Old Individual / Sole Proprietorship Oother	Date Received		Aggregate Cont	ributions	Description of In-Kind (Contribution	·		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		outor or b	ousiness he/sh		late for a chief executive of ed with have a contract work Yes No				Aarket Value Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	No No	<i>If yes</i> , in	or a principal of dicate which ament the con	branch or b		_	PYes No		
			SUB	TOTAL S	ection M — This Pag	ge F	28,63)	
			TOTA	L of addit	tional Section M Page	77. (63	0		
TOTAL OF ALL IN-KIND CONT	RIBUTIO	NS (En	ter total on Li	ne 23, Colun	ın A of Summary Page To	tals) P	28,63		
	N. Re	efunda	able Depo	sit to Te	elephone Compan	y		9	NIA
Last Name of Individual			-	First	-	N	1I Da	te Deposit	
							}		
Residential Street Address			City			State Zip Cod	е	A	Amount of Deposit
Name of Telephone Company									•
Street Address			City	· · · · · · · · · · · · · · · · · · ·		State Zip Cod	е		
								<u> </u>	
TOTAL SE	CTION N (Enter to	tal on Line 2	4, Column A	1 of Summary Page Tota	ls)			NIA

Page 13 of 17

	IFEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
CALUIN	for Council P. Expenses Paid	d by Committee	July 10 F	Tling
Name of Payee	1. Expenses raid	u by Committee	Date of Payment	Method of Payment:
	er Bamk, N.A.		05/18/15	Check # Debit Card OEFT
Street Address 575 F	Armington Allenue City	Bristol		State Zip Code CT 06010
Purpose of Expenditure (by code)	Description Fee TO Print Account atteck	Event	#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	Independent	A O B O C D Date of Payment	\$3.84
4.7	STATES POSTAL Service		0 5 29 15	Method of Payment: Check #
Street Address	STATE HOUSE STATION L	broftvat	·	State Zip Code CT C6103
Purpose of Expenditure (by code)	Description STA MPS	Event s	1	Amount \$ 49.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless ". None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution	Independent	а Ов Ос О о	
Name of Payee UNITED	STATES POSTING Service		Date of Payment 06/02/15	Method of Payment: Check # 1000 Debit Card DEFT
Street Address	STATE HOUSE STATION L	day ford		State Zip Code OG/03
Purpose of Expenditure (by code)	Description STAMPS	Event #	¥ 	Amount \$ 49,00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	Independent	ed)	4 47,00
Name of Payee Bridg	e Communications, Inc.		Date of Payment	Method of Payment Check # 1003 Debit Card DEFT
Street Address 50	e Communications, Inc. Progress Circle unit 1A &	lewington		State Zip Code CT C6111
Purpose of Expenditure (by code)	Print WAIK CAYds	Event	#	Amount \$93. 06
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	Independent	ad) A OB OC OD	, 5, 5
	SUBT	FOTAL Section P — This	Page	\$194.93
	TOTAL	of additional Section P P	ages	\$ 96.99
	TOTAL OF ALL EXPENSE (Enter total on Line 19, C	ES PAID BY COMMIT Column A of Summary Page		\$ 285.92

SEEC FORM 20 Revised January 2015 Section P ADDITIONAL PAGE _____ of ____

	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	<u></u>
CAlory	for council		July 10	filing
	P. Expenses	Paid by Committee		- U
Name of Payee Eyic U	Uright		Date of Payment 06/28/15	Method of Payment: Check #
Succi Addiess	9	City		State Zip Code
	and/A SThet	Bristol		CT 06010
Purpose of Expenditure (by code)	Description Re Indussement for cost, of FUNDIALSE THUITATIONS	Printing (11# 1262715 A	Amount \$90.99
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	e)	oA oB oC oD	¥ 70. 41
Name of Payee			Date of Payment	Method of Payment: ☐ Check # ☐ Debit Card ☐ EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	Even	t#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unl None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contrib	e) Independent	ed) DAOBOCOD	
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	Event	:#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	re)	ked) OAOBOCOD	
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	Event	t#	Amount
Expenditure # (if applicable)	Type of Expenditure (<i>Itemization in Addendum P Required und</i> None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	e) Independent	oA oB oC oD	
	2	UBTOTAL Section P — This	s Page	\$90.99
	ТО	TAL of additional Section P	Pages	\$90.99 \$90.99 \$285.92
		NSES PAID BY COMMIT 19, Column A of Summary Page	V/02/2007/04/24/24/07	\$285.92

NIA

Page 14 of 17

	TEE (Provide Complete Name as Registered with Filing Repositor	<i>\(\)</i>	TYPE OF REPORT	4.10
COLUIN	for council	July 10	41/ing	
	Q. Campaign Exp	penses Paid by Candi	idate 0	U
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)	:	Date of Payment	Is reimbursement claimed?
			1	O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)	·			
N CD (N C			· · · · · · · · · · · · · · · · · · ·	
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address	·	City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)				
Name of Payee (Name of V	 		Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
				State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
				·
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)				
Name of Pavee (Name of V	 		Date of Payment	T
······································	cinot, 1 cison of Linux with cumulance plan unecry)		Date of Fayment	Is reimbursement claimed?
Street Address		To		O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	,	Event #	Amount
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
				Yes No
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)	2000.		21011	Amount
		SUBTOTAL Section Q —	This Page	N/n
				w H
	Andrew Carlos and American State (1998) and the American State (19	OTAL of additional Section	n Q Pages	NA
	TOTAL OF ALL PY	PENSES PAID BY CAN	NDIDATE	14/11
		ne 26, Column A of Summary		N/A

IV. EXPENDITURES (Sections P—T)

NA

Page 15 of 17

NAME OF COMMITT	EE (Provide Complete Name as Registered with F	iling Repository)	TYPE OF REP	
CAIOITI	tor Council	es Incurred on Committe		10 Filipa
Name of Issuing Insti-		Type of Credit Car		
				American Express Oother:
Name of Vendor, Person o	r Entity			Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendary None of the below Coordinated with reimbursement sough Coordinated without reimbursement so	ht (joint expenditure)	below" is checked) Independent Organization: OA OB OC	СОР
Name of Vendor, Person o	r Entity			Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendard None of the below Coordinated with reimbursement sough Coordinated without reimbursement so	ht (joint expenditure)	below" is checked) Independent Organization: A B OC	C O D
Name of Vendor, Person o	r Entity			Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	:	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendue) None of the below Coordinated with reimbursement sough Coordinated without reimbursement so	nt (joint expenditure)	below" is checked) Independent Organization: A B Oc	Ор
		SUBTOTAL Section	R—This Page	NA
		TOTAL of additional S	Section R Pages	NA
го	FAL OF ALL EXPENSES INCUP (Ente	RRED ON COMMITTEE Or total on Line 27, Column A of Su		NA

	TEE, (Provide Complete Name as Registered with Filing Repo	ository)		ТҮРЕ ОІ	FREPORT	A . 1.		
CALUIN	for council			Ju Ju	ily 10 °	filips	<u> </u>	
Name of Creditor	S. Expenses Incurred by C	Committee but	Not Paid	During this	Périod	() In. :		
ivalle of Creditor						Date Incu	rred	
Street Address		City				State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #		Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint e Coordinated without reimbursement sought (in-key)	expenditure)	Independent		з Ос Ор			
Name of Creditor						Date Incu	тed	
Street Address		City				State	Zip Code	
Purpose of Expenditure (by code)	Description	L		Event #		Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expenditured Coordinated without reimbursement sought (in-key)	xpenditure)	Independent	•	C O D			
Name of Creditor						Date Incurred		
Street Address		City				State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #		l	nount Incurred timate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-key)	xpenditure)	Indepe	ndent	B OC OD			
	V A							
TOTAL of additional Section S Pages							NA	
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTEE D (Enter total	OURING THIS P l on Line 28, Colum					NA	
	Previously reported	l Expenses Unpai	d and still O	utstanding			NJA	
	TOTAL OF ALL EXPENSES INCUR (Enter total of	RRED BY COMN on Line 28a, Colum				•	NA	
					-			

					-				
					YPE OF REPORT, 1, TUN 10 FILMO				
CMICIO	To COUNCIL T. Itemization of Reimb		1 10 1	-1/1n/					
Last Name of Worker/Cons		First Second	dary rayed	es ·	Date of I	Payment to Vendor,			
Wright		Eric		Person or Entity 05/28/15					
	Entity Paid by Committee Worker/Consultant			yment to Reimbi		Worker/Consultant as			
STAP						bit Card CEFT			
	Person or Entity Paid by Committee Worker/Consultant	City			State	Zip Code			
8111 +	trmington Avenue	Bristol			CT	06010			
Purpose of Expenditure (by code)	Printed Avenue Description Purchase labels for Pun Invitations	Event #	715 A		Amount \$ 12.75				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require	is checked)		Ψ'	よ113 -				
	None of the below Coordinated with reimbursement sought (joint exper	·	ndent O C) O O	D				
Last Name of Worker/Cons	ultant	First		МІ	Date of P	ayment to Vendor.			
Wrigh		ERIC		Person or Ent 05/2		29/15			
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section P. Check # O Debit Card				
1	Person or Entity Paid by Committee Worker/Consultant	Bristol			State	Zip Code			
Purpose of Expenditure (by code)	Description Description Description Description	and color Ink	Event #	nie A		Amount			
FNDK Expenditure #	pose of Expenditure code) FNDR Description PUVCHASE PAPAY SUPPLY AND COLOY INK Event # TO PYINT FUND VAISAY IN UNITATIONS Ob a penditure # Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked.					78,24			
.(if applicable)	None of the below	M uniess Trone of the velor a	S checken,			•			
	Coordinated with reimbursement sought (joint exper Coordinated without reimbursement sought (in-kind		zation: o A o) O O) D				
Last Name of Worker/Consultant		First		MI	Date of P Person or	ayment to Vendor, Entity			
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant			yment to Reimbu		Vorker/Consultant as			
		غا ا	Check #	_	_ O Debit Card OEFT				
Street Address of Vendor, P	Person or Entity Paid by Committee Worker/Consultant	City	•		State	Zip Code			
				•					
Purpose of Expenditure (bý code)	Description		Event #			Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require	ed unless "None of the below" i	s checked)						
	None of the below Coordinated with reimbursement sought (joint exper Coordinated without reimbursement sought (in-kind		endent O O) O O) D				
		SUBTOTAL Section T -				‡90.99			
		TOTAL of additional Secti	ion T Pages			0			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	WORKERS AND CONS	ULTANTS		5	90.99			
						70. 11			